

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	<b>212518249</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: <b>NATIONAL KIDNEY FOUNDATION, INC.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CORPORATE CREATIONS NETWORK INC 4445 CORPORATIONS LN 2ND FL VIRGINIA BEACH, VA 23462</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>VIRGINIA BEACH CITY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION: <b>NY</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>7/31/2012</b></p> <p>SCC ID NO: <b>F1795352</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 30 EAST 33RD ST</p> <p style="margin-left: 40px;">CITY/ST/ZIP: NEW YORK, NY 10016</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: LYND A SECZECH MD  TITLE: PRESIDENT  ADDRESS: 1800 PERIMETER PKWY  SUITE 275  CITY/ST/ZIP/CO: MORRISVILLE, NC 27560 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LYND A SECZECH MD TITLE: PRESIDENT ADDRESS: 1800 PERIMETER PKWY SUITE 275 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: LYND A SECZECH MD TITLE: PRESIDENT ADDRESS: 1800 PERIMETER PKWY SUITE 275 CITY/ST/ZIP/CO: MORRISVILLE, NC 27560	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: BRUCE SKYER  TITLE: CEO  ADDRESS: 30 E 33RD STREET  CITY/ST/ZIP/CO: NEW YORK, NY 10016 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BRUCE SKYER TITLE: CEO ADDRESS: 30 E 33RD STREET CITY/ST/ZIP/CO: NEW YORK, NY 10016	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: WILLIAM G DESSOFFY  TITLE: SECRETARY  ADDRESS: 1230 AVENUE OF THE AMERICAS  CITY/ST/ZIP/CO: NEW YORK, NY 10020 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM G DESSOFFY TITLE: SECRETARY ADDRESS: 1230 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10020	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: WILLIAM G DESSOFFY TITLE: SECRETARY ADDRESS: 1230 AVENUE OF THE AMERICAS CITY/ST/ZIP/CO: NEW YORK, NY 10020	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JAMES CARLSON  TITLE: DIRECTOR  ADDRESS: 4425 CORPORATION LN  CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JAMES CARLSON TITLE: DIRECTOR ADDRESS: 4425 CORPORATION LN CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JAMES CARLSON TITLE: DIRECTOR ADDRESS: 4425 CORPORATION LN CITY/ST/ZIP/CO: VIRGINIA BEACH, VA 23462	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: ED WALTER  TITLE: CHAIRMAN  ADDRESS: 6903 ROCKLEDGE DRIVE  CITY/ST/ZIP/CO: BETHESDA, MD 20817 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ED WALTER TITLE: CHAIRMAN ADDRESS: 6903 ROCKLEDGE DRIVE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ED WALTER TITLE: CHAIRMAN ADDRESS: 6903 ROCKLEDGE DRIVE CITY/ST/ZIP/CO: BETHESDA, MD 20817	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: JEROME BILL AIKEN  TITLE: DIRECTOR  ADDRESS: 2446 ALDRICH AVE S  SUITE 206  CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55405 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JEROME BILL AIKEN TITLE: DIRECTOR ADDRESS: 2446 ALDRICH AVE S SUITE 206 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: JEROME BILL AIKEN TITLE: DIRECTOR ADDRESS: 2446 ALDRICH AVE S SUITE 206 CITY/ST/ZIP/CO: MINNEAPOLIS, MN 55405	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR			

NAME:	GEORGE L BAKRIS, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5841 S. MARYLAND AVE		
CITY/ST/ZIP/CO:	MC 1027 CHICAGO, IL 60637		
NAME:	TODD BAUR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	165 N. MERAMEC		
CITY/ST/ZIP/CO:	SUITE 210 ST. LOUIS, MO 63105		
NAME:	BRYAN BECKER, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1853 W. POLK STREET		
CITY/ST/ZIP/CO:	M/C 784 CHICAGO, IL 60612		
NAME:	A. BRUCE BOWDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	600 GRANT STREET		
CITY/ST/ZIP/CO:	SUITE 5010 PITTSBURGH, PA 15219		
NAME:	DEREK BRUCE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 140902		
CITY/ST/ZIP/CO:	ORLANDO, FL 32814		
NAME:	ALEXANDER MORGAN CAPRON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	699 EXPOSITION BLVD		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90089		
NAME:	PAUL CRAWFORD, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	9730 SOUTHWESTER AVE		
CITY/ST/ZIP/CO:	SUITE 326 EVERGREEN PARK, IL 60805		
NAME:	JANE DAVIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1530 3RD AVE S		
CITY/ST/ZIP/CO:	BIRMINGHAM, AL 35294		
NAME:	BRIAN DILSHEIMER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 CITY AVENUE		
CITY/ST/ZIP/CO:	SUITE 710 BALA CYNWYD, PA 19004		
NAME:	TOM HOUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	2613 RUTGERS COURT		
CITY/ST/ZIP/CO:	PLANO, TX 75093		

NAME:	JAY JUSTICE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	4936 LAVERNA ROAD		
CITY/ST/ZIP/CO:	SPRINGFIELD , IL 62707		
NAME:	KEVIN LONGINO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	17 CHIEFTANS ROAD		
CITY/ST/ZIP/CO:	GREENWICH, CT 06831		
NAME:	THOMAS MCDONOUGH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	11617 MEADOW RIDGE LANE		
CITY/ST/ZIP/CO:	GREAT FALLS, VA 22066		
NAME:	DENNIS W. MORGAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	301 S. COURT STREET		
CITY/ST/ZIP/CO:	FLORENCE, AL 35630		
NAME:	HOWARD NATHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	401 N. 3RD STREET		
CITY/ST/ZIP/CO:	PHILADELPHIA, PA 19123		
NAME:	STEPHEN PASTAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1365 CLIFTON ROAD, NE B6400		
CITY/ST/ZIP/CO:	ATLANTA, GA 30322		
NAME:	ART PASQUARELLA, CRE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1500 MARKET STREET		
CITY/ST/ZIP/CO:	3000 CENTRE SQUARE WEST PHILADELPHIA, PA 19102		
NAME:	BETH PIRAINO, MD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	3504 FIFTH AVE		
CITY/ST/ZIP/CO:	SUITE 200 PITTSBURGH, PA 15213		
NAME:	GREGORY SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5000 BIRCH STREET		
CITY/ST/ZIP/CO:	SUITE 4600 NEWPORT BEACH, CA 92660		
NAME:	MICHAEL SEXTON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	219 INDIAN WELLS DR		
CITY/ST/ZIP/CO:	SPARTANBURG, SC 29306		

NAME:	MICHAEL WATTS, CPA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	10960 WILSHIRE BLVD		
	SUITE 2200		
CITY/ST/ZIP/CO:	LOS ANGELES, CA 90024		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ BRUCE SKYER	BRUCE SKYER, CEO	5/16/2012	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			